

Covid Vaccination Consent Form



SURNAME _____ FIRST NAME _____

HOME ADDRESS _____

DEPARTMENT / DIVISION _____

CONTACT NUMBER _____ DATE OF BIRTH _____

MEDICAL CENTRE/GP _____ NHI _____

NHI (National health Index) number if known

ETHNICITY (PLEASE TICK ONE OR MORE):

NZ European Māori Samoan Cook Island Māori Tongan Niuean Chinese Indian

Other - please state: _____

CONSENT STATEMENTS

- I have read the fact sheet provided.
- The benefits and risks of the covid vaccine have been explained to me and I have been provided with the fact sheet.
- I had enough time to ask questions and my questions were answered to my satisfaction.
- I was told how and when to seek assistance if I/ the person being vaccinated experience symptoms that may be vaccine related.
- I understand this vaccination information will be recorded on **either** of the Ministry of Health Registers the AIR (Aotearoa Immunisation Register) or CIR (Covid Immunisation Register) and will be shared with my regular healthcare provider.
- I consent to the vaccination being given.

SIGNATURE _____

DATE _____

VACCINATION RECORD (FOR VACCINATOR USE)

Details confirmed Affirmative answer to any screening questions? Yes No

Record information and advice given: _____

Information consent obtained: Yes No

Vaccine Details					
Name of vaccine	Batch	Dose	Site	Date	Time
Comirnaty Omicron XBB.1.5		30mcg			

Vaccinator information
Place of vaccination::
Name:
Signature:

Observation period information
Details of any AEFI or observations recorded <input type="checkbox"/>
CARM Report completed via the CARM website <input type="checkbox"/>
Signature:
Departure time: